



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2015

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 116619		2. Exact name of the Corporation JLeone Realty, Inc.		
3. Principal office address P. O. Box 129		City Block Island	State RI	Zip 02807
4. Business Phone No. 401-466-2912		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own and operate an Inn				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name John R. Leone		Vice-President Name Kelly A. Leone		
Street Address P. O. Box 129		Street Address P. O. Box 129		
City Block Island	State RI	Zip 02807	City Block Island	State RI
Secretary Name Kelly A. Leone		Treasurer Name John R. Leone		
Street Address P. O. Box 129		Street Address P. O. Box 129		
City Block Island	State RI	Zip 02807	City Block Island	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Kelly A. Leone		Director Name John R. Leone		
Street Address P. O. Box 129		Street Address P. O. Box 129		
City Block Island	State RI	Zip 02807	City Block Island	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
200		A		No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative _____ Date **2/27/15**

Print or Type Name of Authorized Representative **JOHN LEONE**